



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Trade and Consumer Protection

Mail to: WDATCP, Lockbox 178, Milwaukee, WI 53293-0178

Phone: (608) 224-4942 Email: DATCPWeightsAndMeasures@wisconsin.gov

FEE: \$35.00

FOR OFFICE USE ONLY

ACCT 272-115-1000-S1-100R-7636

DATE ISSUED:

CERT NUMBER:

DATE RECEIVED:

TANK SYSTEM REMOVER-CLEANER EXAMINATION APPLICATION

Wis. Stats. Chs. [§§101 and 168](#), Wis. Stat. [§ ATCP 93.240](#), Wis. Admin. Code [§ SPS 305.87](#)

Your application will not be processed or will be delayed unless you:

- ☐ 1. Complete the application including signing and dating the acknowledgement.
- ☐ 2. Attach any specified documents listed on this application.
- ☐ 3. Attach the specified fee listed on this application.

NOTE: It is recommended that you make a photocopy of the completed application for your records.

APPLICANT INFORMATION

NAME OF APPLICANT (first, middle, last)			YEAR OF BIRTH
STREET ADDRESS OR PO BOX	CITY	STATE	ZIP + 4 CODE
EMAIL ADDRESS (if available)	PHONE (including area code) () -	CELL PHONE: () -	

FEE CALCULATOR

Application Fee	\$20.00
Exam Fee (when the exam is passed, the applicant will be asked to apply for a certification and pay a \$50 certification fee)	\$15.00
Total to Remit Now	\$35.00

REMIT PAYMENT

Make check payable to WDATCP and return with this completed and signed form to:

WDATCP
PO Box Lockbox 178
Milwaukee, WI 53293-0178

PROOF OF LIABILITY COVERAGE

Copy of Contractor liability coverage must be submitted that verifies the contractor has minimum liability coverage, including pollution impairment liability, of no less than \$1,000,000 per claim and \$1,000,000 annual aggregate and with a deductible of no more than \$100,000 per claim.

NOTE: We require that insurance companies put our Department name and address as the certificate holder on the policy:

WI Department of Agriculture, Trade and Consumer Protection
2811 Agriculture Drive
Madison, WI 53708-8911

RESPONSIBILITIES OF CERTIFICATION

A person who removes or cleans or supervises the removing or cleaning of tanks as a certified tank system remover-cleaner *shall be present at the job site* for at least all of the following activities:

- Disconnecting and draining of piping
- Capping of piping
- Vapor freeing or inerting of tanks
- Cleaning of tanks and handling of sludge and other wastes
- Removal of tank systems from the ground and loading them for transport or filling the tank systems with an inert material
- Visual inspection of the soils around the excavation or tank system location

A person who holds the certification shall carry on his or her person the certification card issued by the department while performing or conducting the activity or activities permitted under the certification.

EXAMINATION

In order to obtain the certification the applicant must obtain a score of at least 70% on an examination. The exam is **open book** and will cover:

- [ATCP 93](#) – Flammable, Combustible and Hazardous Liquids Code
- [SPS 305](#) – License, Certification and Registration
- [API 1604](#) – Closure of Underground Petroleum Storage Tanks
- [API 2015](#) – Requirements for Safe Entry and Cleaning of Petroleum Storage Tanks

Exam Materials:

- For copies of current Wisconsin administrative code books visit the DATCP website: datcp.wi.gov/
- For API materials contact the American Petroleum Institute at their website: <http://www.api.org/publications-standards-and-statistics>

The exams will be administered at any of 10 test center locations in the state on the second Saturday of every month for applications received by DATCP not later than 30 days prior to the test date.

The exam schedule is available on our [website](#) or call (608) 224-4942

You will receive the first available exam date unless you specify a specific date here: _____

Within 10 days prior to the test date, you will receive a notification letter from Wisconsin Certification Examination Services of the exact test site and other instructions. Applicant must provide photo ID to gain admittance to examination.

- | | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Eau Claire | <input type="checkbox"/> Fond du Lac | <input type="checkbox"/> Green Bay | <input type="checkbox"/> Kenosha |
| <input type="checkbox"/> La Crosse | <input type="checkbox"/> Madison | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Rice Lake | <input type="checkbox"/> Wausau |

***We cannot guarantee a location you choose will be available.**

If you need special accommodations, please contact Wisconsin Certification Examination Services at:

OSERWIPersonnelPartners@wisconsin.gov

Courses and exams are also offered at Lakeshore Technical College. For a schedule visit their website <http://gotoltc.edu/> or contact Ruth Semph by phone: (920) 693-1167 or email: ruth.semph@gotoltc.edu

NOTE:

You still need to complete this exam application form and submit payment to the address on page 1 in order to take the exam.

ACKNOWLEDGEMENT

By signing below, the applicant certifies that all information provided on this application is true, accurate and that the certification requirements are met.

Notice: Information including personally identifiable information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purpose, other secondary purposes and purposes other than that for which it was originally collected. (*sec. 15.04(1)(m), Wis. Stats.*). The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39, *Wis. Stats.* Social security numbers are required when individuals apply for a license according to Wisconsin Stats., but they may not be disclosed to anyone except other State of Wisconsin governmental agencies and must be held confidential. Social security numbers are not to be entered on this form.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)